

The Commonwealth of Massachusetts
Division of Registration
239 Causeway Street, Boston, MA 02114
Board of Electrology
617-727-9956

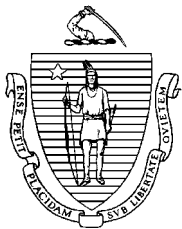
Reciprocity Applicants Fee: \$84.00

ELECTROLOGY RECIPROCITY APPLICANTS

INSTRUCTION SHEET

- A small 2" x 2" photo
- A money order for **\$84.00**. The application fee will not be refunded.
- A completed health certificate
- Answer each question on the application. Incomplete applications will be returned.
- Applicants must be at least 18 years of age
- Include proof of graduation from high school and electrolysis school with the application.
- A completed out of state verification form

Failure to provide the appropriate information will cause a delay in processing and possible missing the filing deadline.



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Reciprocity Applicants--Fee \$84.00

BOARD USE ONLY	
Board:	_____
License #:	_____
Type:	_____
Cash #:	_____
Cash Date:	_____

Please attach recent

2 " X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle
2. Maiden Name: _____
3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____
5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code
6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code
7. Telephone Number-Day: _____ Evening: _____
8. Social Security Number (**Mandatory**): _____
Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally

issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): _____

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

15. Education

- A. Circle the highest grade completed.

High School:

9 10 11 12 Graduated or Equivalency

- B. Electrology School: _____
Name Address

- C. Date Started: _____ Date Completed: _____

16. References

This certifies that although I am not a member of the applicant's family I have been personally acquainted with the applicant and to the best of my knowledge the foregoing statements are correct:

- | | | |
|-----------|---------|-------|
| Name | Address | Phone |
| <hr/> | | |
| Signature | Date | |
| <hr/> | <hr/> | |
- | | | |
|-----------|---------|-------|
| Name | Address | Phone |
| <hr/> | | |
| Signature | Date | |
| <hr/> | <hr/> | |

17. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate . I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Electrology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date



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License Verification Form

INSTRUCTIONS TO APPLICANTS:

Please send one copy of this form to each Board by which you are or have been licensed to practice as an electrologist. Please be advised that some states may require a processing fee.

TO: _____
State and Name of Board

FROM: **Massachusetts Board of Electrology**

_____ has applied for an electrology license in the Commonwealth of Massachusetts. The Board would appreciate that you would complete this form and return it to the Board at the above address. Thank you.

License Number _____ Issue Date _____

Basis of Licensure:

Endorsement: _____ Examination _____ if so, please specify type of examination, subjects tested and score(s) received _____

Was a practical examination given? _____ if so, please give date _____
score received on practical _____

Is this individual presently under investigation? ☐ Yes ☐ No

Has this individual ever had any complaints filed against them? ☐ Yes ☐ No

Has this license ever been suspended, revoked or disciplined in any way? ☐ Yes ☐ No

Is this license presently current and valid? ☐ Yes ☐ No. Expiration date _____

BOARD SEAL

Signature _____

Title _____

Date _____



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HEALTH CERTIFICATE

Town or City _____ Date _____

I hereby certify that I have examined _____ of _____
Name of Applicant Address

and I certify this individual is not afflicted with any infectious disease.

Signature of License Physician _____ M.D.

Address, Town or City _____

Applicant's Signature _____